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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE I RANSPORT & GAS OPERATOR OPERATOR PROBATION OFFICE Operator Address Reason(s) for filing (Check proper box) New We! Change in Transporter of: Change in Ownership Dry Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Description Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 33 Township 7. Range 33. NMPM, Street Cast. Nome of Authorized Transporter of Oil Dry Gas Nome of Authorized Transporter of Casinghand Gas or Dry Gas Nome of Authorized Transporter of Oil Dry Gas Nome of Authorized Transporter of Casinghand Gas or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Transporter of Casinghand Gas Or Dry Gas Nome of Authorized Trans	d C-104 and C-110		
Address Reason(s) for filing (Check proper box) Remompletion Oil Ory Gas Oil Company If change in Ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Lease Name Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 33 Township y, Range 33 Feet From The East Name of Authorized Transporter of Oil AND NATURAL GAS Name of Authorized Transporter of Oil Company Name of Authorized Transporter of Canaging or Dry Gas Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporter of Canaging or Dry Gas Bartlesviling its line and the Address to which approved copy of this form is Name of Authorized Transporte			
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Change in Transporter of: Recompletion			
New Well Change in Transporter of: Recompletion			
Change in Ownership			
II. DESCRIPTION OF WELL AND LEASE Lease Name Bottom			
Lease Name Well No. Pool Name, Including Formation Kind of Lease			
State, Federal or Fee State Stat	Lease No.		
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 33 Township 7. Range 33. NMPM, NMPM, NMPM, NMPM, NMPM, NMPM, NMPM, NMPM, NMPM, Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which approved copy of this form is Name of Address (Give address to which a	S-136		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is Casinghead Gas Oil Company Bartlesviii Oil Company Bartlesviii Oil Company Direction			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is One of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is One of Authorized Transporter of Oil Company Bartlesviil Oil Company Oil Company	County		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is [] Loss Secvices Oil Company Bartlesviil Oklandii	to be sent)		
Clares Service Oil Company Bartlesville Oklahon			
	to be sent)		
If well produces oil or liquids,			
If this production is commingled with that from any other lease or pool, give commingling order number:			
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Ro	s'v. Diff. Res'v.		
Designate Type of Completion - (X)			
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth			
Perforations Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE	MENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to of able for this depth or be for full 24 hours)	exceed top allow-		
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test Tubing Pressure Casing Pressure Choke Size			
Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-MCF			
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	•		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size			
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	N		
I hereby certify that the rules and regulations of the Oil Conservation	, 19		
I heleby cellify that the inter and regulations of my off panearisms.			
This form is to be filed in compliance with RUI	E 1104.		
(Signature) If this is a request for allowable for a newly dri well, this form must be accompanied by a tabulation	OI (Ue devietion		
All sections of this form must be filled out comp	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		
(Title) able on new and recompleted wells.			
Separate Forms C-104 must be filed for each			

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	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-104				
FILE					Effective 1-1-	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	-	UCT	and the second second		
	TRANSPORTER GAS					
	OPERATOR	1				
I.	PRORATION OFFICE	<u> </u>				
	Operator					
	Address Skeliy	Oil Company				
		• •				
	Reason(s) for filing (Check proper box	ox 730, Hobbs, New Mexic	Other (Plea	se evolain)		
	New Well	Change in Transporter of:	Other (Free	se explain)		
	Recompletion	Oil Dry Go	as 🔲			
	Change in Ownership	Casinghead Gas 🙀 Conde	nsate			
	If change of approaching since agent					
	If change of ownership give name and address of previous owner			·		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.
	Botts			State, Federal or	Fee .	
	Location "T" Type Ho.	1 6 Chaveroo San	n Andres	<u> </u>	State	E-1369
	Unit Letter;66	1 Feet From The North Lin	ne and 660	Feet From The	East	
						
	Line of Section 33 To	wnship 7.5 Range	3.E , NMF	M, Roosev	elt	County
***	DESIGNATION OF TRANSPOR		. ~			
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address	s to which approved	copy of this form is	to be sent)
	ļ	XX				ŕ
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address	to which approved	copy of this form is	to be sent)
	Cities Service Oil C	*	Bartlesvill	n.Okiahoma		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec			
	give location of tanks.	P 33 75 33E	yes		une 6, 1966	
	If this production is commingled wi	th that from any other lease or pool,	give commingling ord	er number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen F	lus Back Same Ba	s'v. Diff. Res'v.
	Designate Type of Completic	on = (X)	l workbyer	Deepen	lug Back Same Re	S.V. DIII. Res.V.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F	B.T.D.	i
	-					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Т	ubing Depth	
	Perforations				epth Casing Shoe	
	1101 5 0135	TUBING, CASING, AND	1		CA CKC CEN	2 PT 5.1 PP
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	SEI	SACKS CEN	MENI
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total vo		must be equal to or	exceed top allow-
	OIL WELL		pth or be for full 24 hou		4-1	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fle	ow, pump, gas tijt, e	ic.)	
	Length of Test	Tubing Pressure	Casing Pressure	- 10	hoke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ġ	as - MCF	
				_		
	GAS WELL Actual Prod. Test-MCF/D	The second second	Inva Control On	<u></u>		
	Actual Prod. 1881-MCF/D	Length of Test	Bbis. Condensate/MM	Cr G	ravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	hoke Size	
	, , , , , , , , , , , , , , , , , , , ,	(5235 527)	•	,		
VI	CERTIFICATE OF COMPLIANCE		OII	CONSERVATI	ON COMMISSIO	
V 2.	CERTIFICATE OF COMPLIANCE					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	<u> </u>	,	19
				V		
	above is true and complete to the	. Seet of my knowledge and Deliel.				
	<i>y</i> *		TITLE			
	ر و گرا ہے، ام موسماند دو				pliance with RULI	
	A H B CC		If this is a re	quest for allowabl	e for a newly drill	ed or deepened
	(Sign	ature)	well, this form mu tests taken on the	er de accompanie: : well in accordar	LOY EXECUTATION OF	r the devisition
	/T:	tle)		of this form must l	e filled out comple	
	[13	····	II anie on new and I	ecompleted Wells	,	

(Date)

able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.